MONTANA BOARD OF DENTISTRY
P. O. Box 200513
(301 S PARK, 4TH FLOOR - Delivery)
Helena, Montana 59620-0513
(406)841-2390 FAX (406) 841-2305
E-MAIL: dlibsd@mt.gov WEBSITE: dentistry.mt.gov

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.
(Please allow 10 days for processing from the date that the Board has a complete routine application)

DENTURISTS ARE NOT PERMITTED TO PRACTICE DENTURITRY IN MONTANA IN ANY MANNER WITHOUT AN ACTIVE MONTANA LICENSE

1. **LICENSE REQUIREMENTS:**

- Applicant shall have completed formal training of not less than 2 years at an education institution accredited by a national or regional accrediting agency recognized by the Montana Board of Regents
- Applicant shall have passed the Montana written denturitry examination
- Applicant shall have passed the Montana clinical denturitry examination
- Applicant shall have completed a one year internship under the supervision of a Montana licensed denturist or:
  - ✓ has three (3) years of experience as a denturist under licensure in another state or Canada
- Applicant shall pass a Montana Jurisprudence examination
- Applicant shall posses a current CPR certification

2. **FEES**

$ 100.00 Application Fee
$ 85.00 Jurisprudence Examination Fee

**Make check or money order payable to the Montana Board of DENTISTRY (Fees can be combined into one check)

PHOTOS: Photo should be placed in the top right hand corner (Passport size is preferable)

DOCUMENTS: The following documents must be submitted to the Board office in order to complete your license application. Please make 8 ½" x 11" **copies** of the following and submit with your application:

INITIAL LICENSURE DOCUMENTS:

- ✓ Copy of Denturitry Diploma
- ✓ Copy of State license/s that was or is held for any professional licensed occupation in this or any other state
- ✓ Copy of current CPR card

NOTE: ALL DOCUMENTS NOT IN ENGLISH MUST BE ACCOMPANIED BY CERTIFIED TRANSLATIONS.

ADDITIONAL DOCUMENTS TO BE SUBMITTED FOR AN APPLICATION TO BE CONSIDERED

INITIAL LICENSURE:

- ♦ **National Practitioner Data Bank (NPDB) self-query**. This form can be obtained by calling NPDB at 800-767-6732 or visit www.npdb-hipdb.com on the Internet. This form must be mailed directly to

the address indicated in the instructions. The results will come to you; upon receipt please forward them to the Board office.

- Official transcripts sent directly from an approved denturitry school
- License verification/s sent directly from the state/s where you have held or hold a license verifying that there has been no disciplinary action on your license sent directly to the Board office
- Three reference letters of moral character (Relatives may not be used as references) (From can be found with the application material)
- Check or money order for the appropriate fees (Fees may be combined) DO NOT SEND CASH

INTERNSHIP DOCUMENTS:

- Complete internship application
- Compete report of Initial Supervision signed by the denturist sponsoring internship
- Monthly reports shall be provided to the board once approval for internship has been given

EXAMINATION INFORMATION:

- ✓ A written examination is required for licensure as a denturist. The written examination cannot be taken until the application and internship has been approved.
- ✓ A clinical examination is required for licensure as a denturist. The clinical examination cannot be taken until the application and internship has been approved and the written examination has been passed.
- ✓ The written examination is provided as needed for the applicant
- ✓ The clinical examination is provided "once a year" in the latter part of June at George Brown College in Toronto, Canada
- ✓ Applicants must have been approved to take the clinical examination at least 4 months prior to the clinical examination date
- ✓ All fees for the written and clinical examination are set and determined by George Brown College and will be identified upon approval to take the examinations

APPLICATION PROCEDURES

- The applicant may be notified if additional information is required or if the applicant will be required to appear before the Board during a regularly scheduled Board meeting.
- You may be requested to provide additional information, or make a personal appearance before the Board during a regularly scheduled Board meeting. This may take up to 120 days to process.
- All verifications of licensure must be sent directly from each state board in which the applicant is currently or has ever been licensed. Please make copies of the attached verification request form as needed. Some states may charge a fee for verifications. Contact each state board prior to sending the request.
- Keep the Board office informed at all times of any address changes, changes in license status and complaints or proposed disciplinary action. This is essential for timely processing of applications and subsequent licensure.

JURISPRUDENCE EXAMINATION INFORMATION:

- ALL APPLICANTS SHALL PASS A MONTANA **JURISPRUDENCE EXAM AFTER APPROVAL** OF THE APPLICATION AND BEFORE RECEIVING A DENTURITRY LICENSE. ***Applicants will be notified by mail when the application is approved and a jurisprudence exam will be sent with the notification.*** *This is an open book exam and applicants are strongly encouraged to use the laws and rules for study and reference.*
- The examination covers the statutes and rules for the practice of dentistry, dental hygiene and denturitry. The copy of the laws and rules are on our web site at www.discoveringmontana.com/dli/den. PLEASE DOWNLOAD ALL the laws and rules that pertain to the Board of Dentistry.

PROCESSING PROCEDURES

- All applications shall go before the Board for review and determination of qualifications for continuing the process to licensure
- The applicant will be notified in writing of any deficient or missing items from the application file
- An applicant must first be determined to meet the education requirements before being approved for internship, written and clinical examination
- An applicant that is applying using the 3 years of licensure in another state instead of the internship must meet the education requirement before being approved to take the written or clinical examination
- The jurisprudence examination is given when all other requirements have been met and completed
- When the jurisprudence examination has been corrected and passage is confirmed, a license may be issued to the applicant. Time for processing the final license depends on applicant turnaround on the jurisprudence take home examination.
- Please be sure the three individual references you listed on your application complete the reference questionnaire form and return the form directly to the Board office as soon as possible in order to complete your application.
- The Montana Board does not have temporary licensure for dentursits

For information with regard to the processing of this application or other concerns please contact the Board of Dentistry staff at 406-841-2390 or email us at: dlibsdden@mt.gov.

PLEASE DOWNLOAD THE MONTANA LAWS AND RULES FOR THE PRACTICE OF DENTISTRY ON OUR WEBSITE at www.dentistry.mt.gov to study for the Jurisprudence Examination.

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AFFIX PHOTO HERE

PASSPORT SIZE

Application for Licensure as a Denturist:

☐ **Examination**

1. FULL NAME: _____
   Last First Middle

2. OTHER NAME (S) KNOWN BY _____

3. BUSINESS NAME _____

4. BUSINESS ADDRESS _____
   Street or PO Box # City and State Zip

5. HOME ADDRESS _____
   Street or PO Box # City and State Zip

   PREFERRED MAILING ADDRESS ☐ Business ☐ Home E-MAIL ADDRESS _____

6. TELEPHONE (____) _____ (____) _____ (____) _____
   Business Home Fax

7. SOCIAL SECURITY NUMBER _____ FOREIGN ID NUMBER _____

8. DATE OF BIRTH _____ PLACE OF BIRTH _____ ☐ MALE ☐ FEMALE
   City/State

9. LICENSE NAME _____
   (State your name, as it should appear on the license if granted.)

10. List all professional licenses you hold or **ever** have held. Verification must be sent directly to Montana from each state/province/territory.

State	License #	Issue Date	Expiration Date	License Method	Requested State Verification
				☐ Exam ☐ Endorse ☐ Other	☐ Yes ☐ No
				☐ Exam ☐ Endorse ☐ Other	☐ Yes ☐ No
				☐ Exam ☐ Endorse ☐ Other	☐ Yes ☐ No
				☐ Exam ☐ Endorse ☐ Other	☐ Yes ☐ No

11. Has a licensing agency ever taken adverse or disciplinary action against your license? If yes, attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.

☐ Yes ☐ No

12. Have you ever voluntarily surrendered, cancelled, forfeited or failed to renew a license as a result of any of the following: having a complaint filed against you; entering into a consent agreement with respect to your license as a result of a complaint; during an investigation or during disciplinary proceedings? If yes, attach a detailed explanation identifying each occasion, the date and the substance of the allegations. ☐ Yes ☐ No

13. Has a complaint ever been made against you alleging unethical behavior, standard of care issues or unprofessional conduct? If yes, attach a detailed explanation. ☐ Yes ☐ No

14. Have you voluntarily or involuntarily surrendered any hospital privileges, health maintenance organization participation, Medicare/Medicaid privileges, or other privileges during a pending investigation, or in anticipation of an investigation, or had such privileges reprimanded, denied, restricted, suspended, placed on probation, revoked or subjected to other sanction or action? If yes, attach a detailed explanation identifying each occasion, the date and the substance of the allegations. ☐ Yes ☐ No

15. Has any legal or disciplinary action been filed against you, which relates to your propriety of, or your fitness to practice this profession (including malpractice, etc.)? If yes attach a detailed explanation of each instance including the date of the claim, name and address of party complaining, name and address of forum or court where claim was filed, docket or claim number and the substance of the allegations. ☐ Yes ☐ No

16. Have you ever voluntarily or involuntarily surrendered the privilege to prescribe or dispense any drug, including but not limited to controlled substances, or had such privileges investigated, denied, restricted, suspended, revoked or otherwise modified by any governmental agency, including but not limited to the Drug Enforcement Administration, any state licensing or disciplinary court or other entity? If yes, attach a detailed explanation. ☐ Yes ☐ No

17. Have you ever been expelled from or asked to resign from any professional organization or been censured by a professional organization of which you were a member? If yes, attach a detailed explanation. ☐ Yes ☐ No

18. Do you have criminal charges pending or have ever plead guilty, forfeited bond, or been convicted of a crime (including plea of no contest or deferred prosecution) whether or not an appeal is pending? You may omit: (1) payment of traffic misdemeanor fines and (2) charges or convictions prior to your 16th birthday. If yes, please attach a detailed explanation. ☐ Yes ☐ No

19. Have you any physical or mental condition, which may have or has adversely affected your ability to practice this profession, including but not limited to a contagious or infectious disease involving serious risk to the public? If yes, attach a detailed explanation. ☐ Yes ☐ No

20. Have you used alcohol or any other mood-altering substance in a manner, which may have or has adversely affected your ability to practice this profession? If yes, attach a detailed explanation. ☐ Yes ☐ No

21. **PROFESSIONAL EDUCATION**:

Name of University or College	City and State/Province/Territory	Dates Attended	Degree Earned

Name of University or College	City and State/Province/Territory	Dates Attended	Degree Earned

Name of University or College	City and State/Province/Territory	Dates Attended	Degree Earned

22**. PRACTICE HISTORY:** List **all** practice after denturitry school in chronological order. Use additional paper if necessary.

Name &Location of Practice	Activity/Position	Inclusive Dates	Reason for Leaving

23**. PROFESSIONAL & CHARACTER REFERENCES.**

Please type or print names and addresses of three references. Use these reference names to send the reference forms for your character references.

Name:
Address:
Telephone Number:

Name:
Address:
Telephone Number:

Name:
Address:
Telephone Number:

AFFIDAVIT

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Dentistry.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

_____ _____
Legal Signature of Applicant Date

Subscribed and sworn to before me this _____ day of _____, _____at

_____.
City/State

_____
Signature of Notary Public

SEAL

_____
Notary Public Printed Name

_____
For the State of

My commission expires _____, _____.

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VERIFICATION OF MORAL/PROFESSIONAL CHARACTER

APPLICANT: Complete the upper portion of this form and mail to each of the character references you have listed in your application.

_____ _____
Legal signature of Applicant Date

(Please Type or Print):
Name of Applicant: _____

Address: _____

This verification sent to: _____

CHARACTER REFERENCE: Please answer the following questions concerning the applicant's moral and professional character. This document is your authorization to release any and all information and opinions you have, favorable or otherwise, directly to the Montana Board of Dentistry. Your response will be kept confidential.

Name of reference:_____ Daytime phone: _____

Address: _____

Title/profession/position: _____

How long have you known the applicant? _____In what capacity?_____

To your knowledge, does this applicant have any habits or practices that would adversely affect his/her professional activities? If your answer is "yes," please explain: _____

_____

_____

Do you consider this applicant worthy of approval to practice as a Dentist in Montana?_____

_____

Please comment on the applicant's professional character, morals and ethics (attach additional sheet as needed):_____

_____

_____

_____ _____
Signature of Reference Date

The Applicant and the Board thank you for your assistance.

VERIFICATION OF LICENSURE

THIS IS NOT AN ENDORSEMENT CERTIFICATION

PLEASE COMPLETE THIS SECTION OF THE FORM AND MAIL TO EACH STATE BOARD IN WHICH YOU ARE NOW OR HAVE EVER BEEN LICENSED TO PRACTICE AS A DENTURIST. YOU MAY COPY THIS FORM AS MANY TIMES AS NEEDED. SOME BOARDS REQUIRE A FEE FOR THIS SERVICE.

STATE BOARD: MONTANA BOARD OF DENTISTRY

I am applying for a license to practice Dentistry in the State of Montana. The Board of Dentistry requires a license verification by each state wherein I hold or ever have held a professional/occupational license. This is your authority to release any information in your files, favorable or otherwise, **DIRECTLY** to the **BOARD OF DENTISTRY, P. O. BOX 200513, 301 SOUTH PARK AVENUE, HELENA, MT 59620-0513**. Your early response is appreciated. **The State Board may submit their verification form I lieu of this form.**

_____ Name: _____
(Signature) (Please print)

Address: _____

My License Number is: _____

DO NOT DETACH -- THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE STATE BOARD AND RETURNED DIRECTLY TO THE MONTANA STATE BOARD OF DENTSITRY

State of: _____

Full Name of Licensee: _____

License No. _____ Issue Date: _____

License is current? _____ If NO, explain _____

Has license been suspended, revoked, placed on probation or otherwise disciplined? _____

If YES, explain and attach documentation _____

_____

Has licensee ever been requested to appear before your Board? _____

If YES, explain _____

Derogatory information, if any _____

Comments, if any _____

BOARD SEAL

Signed: _____
Title: _____
State Board: _____ Date: _____

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E-Mail: dlibsdden@mt.gov
Website: http://www.dentistry.mt.gov

APPLICATION FOR DENTURIST INTERNSHIP

DATE: _____

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

1.Name of the School Attended: _____
2.City/State/Zip: _____
3. Dates attended: _____Date of Graduation: _____

The following information must be included with your denturist application. If you have any questions, please call the office.

- ✓ Copy of your transcript from your school of graduation (sent directly to the Board office)
- ✓ Copy of your diploma or certificate of completion (must have formal training of not less than 2 years at an education institution recognized by the Montana Board of Regents)
- ✓ Proof that the school in which you obtained your education is accredited by a national or regional accrediting agency recognized by the Montana State Board of Regents. (This information can be obtained by contacting the school for a Letter of Confirmation of this requirement)
- ✓ Initiation Supervision Form filled out by both the applicant and the supervisor

You will be responsible to turn in your monthly intern reports to the office. These forms will be provided to you once your internship has been approved.
The intern will be responsible to notify the Board office 90 days prior to completing the internship of the intended completion date of the internship.

_____ _____
Signature Date

STATE OF MONTANA
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REPORT OF INITIATION OF SUPERVISION

Supervisor's Name: _____Montana License No: _____

Address: _____City/State/Zip: _____

Intern's Name: _____Address: _____

City/State/Zip: _____

Beginning date of Supervision: _____Anticipated ending date of Supervision: _____(at least 1 year, as per MCA, 37-29-303 (2) (a) has completed 1 year of internship under the direct supervision of a licensed denturist and ARM 24.138.512 (2) ...Such training program shall consist of 2000 clock hours of training and performance....

It is the understanding of the Board of Dentistry that _____will be an intern in connection with the practice of denturitry conducted under the direct supervision (for at least 1 year) of _____who is licensed as a denturist in the State of Montana.

_____(supervisor) will assume professional responsibility for the activities and services of _____(intern), as required by ARM 24.138.512 for which the supervisor has accepted responsibility and over which he/she has exercised supervision.

An intern shall file a monthly report with the Board, on the form provided by the department and attested to by his supervising denturist. The report shall state the number of hours or units completed in each field of practice identified in the rules. Each intern shall be provided a separate workstation in the laboratory areas, containing standard denturitry equipment, i.e., lathe, torch and storage space. Operatory facilities and other equipment will be shared with the intern. The intern shall provide his own necessary hand tools.

I hereby acknowledge that violation of the Board statutes or rules may result in license discipline against the supervisor or intern or both.

SUPERVISOR'S SIGNATURE: _____Date: _____

INTERN SIGNATURE: _____Date: _____

BOARD ACCEPTANCE OF THE SUPERVISION INDICATES THAT THE INFORMATION PROVIDED ON THIS FORM IS ACCEPTABLE. IT DOES NOT INDICATE THAT THE PROPOSED SUPERVISION HAS INCORPORATED ALL THE REQUIREMENTS SPECIFIED IN STATE LAW. FAILURE TO HAVE THESE MANDATED CONDITIONS MIGHT RESULT IN ACCEPTED SUPERVISION NOT ADEQUATELY FULFILLING THE REQUIRED EXPERIENCE. THUS IT IS THE INTERN'S RESPONSIBILITY TO ENSURE THAT ALL NECESSARY CONDITIONS ARE MET. INTERN EXPERIENCE ALONE DOES NOT GUARANTEE THAT THE APPLICANT WILL ULTIMATELY BE LICENSED.

BOARD APPROVED:_____Date:_____